

## **INSTRUCTIONS FOR NURSING HOME ADMINISTRATOR PARTICIPANT APPLICATIONS**

All nursing home administrators licensees must complete approved continuing education courses in order to be eligible for renewal. If the Michigan Board of Nursing Home Administrators or NAB did not approve a continuing education program that you took, you can apply for credit for the program by completing the enclosed application

### **PARTICIPANT APPLICATIONS:**

- You must submit the supporting documentation with your application. Your application will not be considered complete unless the additional information requested.
- Applications must be received after the program has been completed.
- Sign-in sheets and/or registration forms are not acceptable as proof of attendance.
- Credits may be awarded only for time spent in education sessions. Registration, breaks, meals, time spent on evaluations, introduction, etc. , are not computed as CE credit per Rule 31(2).
- Credits requested should be computed using a 50-60 minute hour. To be given credit for one hour, the educational session must be at least 50 minutes long. A course that is scheduled for 50-60 minutes is equal to one credit hour of CE. Only whole hours will be granted.
- Courses taken from an accredited institution of higher learning are automatically approved if they are relevant to the administration of a nursing home. **DO NOT SUBMIT APPLICATIONS FOR THESE COURSES.** A semester credit equals 15 CEU's; A term credit equals 10 CEU's. Therefore, a 3-credit college, semester course would be figured as follows: 3 credits X 15 CEUs = 45 continuing education credits.

Michigan Department of Community Health  
**Bureau of Health Professions**  
P.O. Box 30670  
Lansing, MI 48909  
(517) 335-0918\*

**PARTICIPANT APPLICATION FOR APPROVAL OF NURSING HOME  
ADMINISTRATOR'S CONTINUING EDUCATION CREDIT**

Authority: Public Act 368 of 1978, as amended.  
If this form is not completed, approval will not be granted.

**SECTION I - PARTICIPANT & PROGRAM INFORMATION**

PARTICIPANT NAME AND MAILING ADDRESS     DAYTIME PHONE NUMBER (     )	MICHIGAN PERMANENT I.D. NUMBER  CONTINUING EDUCATION PROGRAM TITLE  PROGRAM DATE AND LOCATION  TYPE OF PROGRAM <input type="checkbox"/> Seminar/Conference <input type="checkbox"/> Self Study  HOW MANY HOURS OF COURSE INSTRUCTION WILL BE PROVIDED (EXCLUDE BREAKS, MEALS, ETC.)
SPONSOR NAME AND MAILING ADDRESS    PHONE NUMBER (     )	PROGRAM INFORMATION: PLEASE CHECK THE TOPIC(S) WHICH MOST CLOSELY IDENTIFIES THE CONTINUING EDUCATION PROGRAM.  <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Behavioral Science  <input type="checkbox"/> Geriatrics/Gerontology  <input type="checkbox"/> Marketing  <input type="checkbox"/> Management         </div> <div style="width: 33%;"> <input type="checkbox"/> Economics/Finance  <input type="checkbox"/> Health Care  <input type="checkbox"/> Pharmacology &amp; Toxicology  <input type="checkbox"/> Labor Relations         </div> <div style="width: 33%;"> <input type="checkbox"/> Law  <input type="checkbox"/> Communications  <input type="checkbox"/> Any other subjects contributing to the professional competency of the licensee.         </div> </div>

**SECTION II - APPLICATION CHECKLIST**

APPLICANT Please check	ELEMENTS TO BE INCLUDED WITH APPLICATION
	PROGRAM BROCHURE -must show time allotted for educational sessions, breaks, meals and any special events, outline, objectives, goals, schedule, content.
	RESUME for each speaker/instructor - if not detailed in the program brochure
	COURSE OUTLINE - If not detailed in the program brochure; provide a synopsis of topics presented
	CERTIFICATION OF COMPLETION OR A SPONSOR LETTER VERIFYING ATTENDANCE
	A description of how this program was related to the administration of a nursing home.

The Department of Community Health will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

## CERTIFICATION

I hereby certify that the statements made in this application are true, complete and correct, and that the materials submitted accurately reflect the presentation and administration of this continuing education program.

If this is not signed and dated, your application will not be complete.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
TYPE OR PRINT NAME

\_\_\_\_\_  
DATE

### BOARD USE ONLY

Reviewed and Approved By: \_\_\_\_\_

Number of Hours Approved For: \_\_\_\_\_

If Less Than Requested, Specific Reason: \_\_\_\_\_

Denied Application:

Reason for Denial: \_\_\_\_\_

Pending Application:

Information Needed to Complete Application: \_\_\_\_\_

\*NOTE: If it is necessary that you call regarding this application, the following will assist you with the automated telephone system:

1. At the first prompt, press 1
2. At the second prompt, press 2
3. At the third prompt, press 4
4. At the fourth prompt, press 3